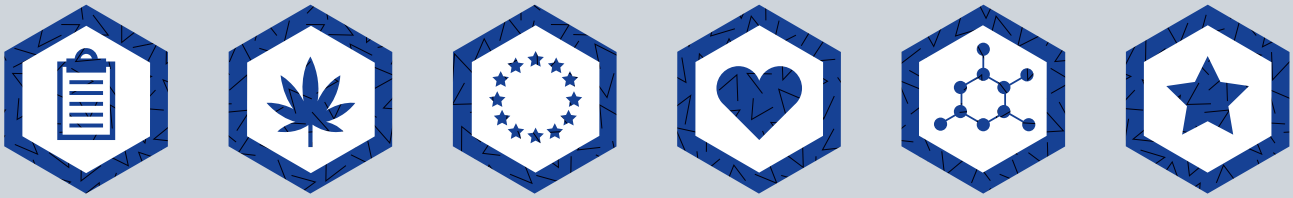

EDPQS Toolkit 4: Promoting quality standards in different contexts (Adaptation & Dissemination Toolkit)

Step 3: Undertaking the adaptation

European
drug prevention
quality standards

Authors

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Acknowledgements of further contributors can be found in a separate document of this toolkit.

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About this toolkit

This document is part of the EDPQS Toolkit 4 on Adaptation and Dissemination. This toolkit consists of the following documents:

- **Introduction & Key messages** – helps to understand what the toolkit is about. Introduces the overall toolkit and highlights key aspects concerning each step of the process.
- **Step 1: Deciding what to do** – helps to decide what type of adaptation or dissemination to undertake. Describes what an 'EDPQS Champion' is, introduces the adaptation process and distinguishes three types of adaptation (translation, formal content adaptation, flexible content adaptation). Includes Exercises A and B as well as Figures 1 and 2.
- **Step 2: Identifying potential barriers and facilitators** – helps to estimate the required resources, and to anticipate potential problems as well as sources of support. Highlights the role of written materials, supportive people, sufficient time and money, as well as prevention systems and professional cultures. Includes Exercises C-F as well as Figure 3.
- **Step 3: Undertaking the adaptation** – helps to think through the actual adaptation process from setting up a working group to publishing the project outputs. Explains how to achieve a good translation of the EDPQS, and what changes to avoid when adapting the layout or contents of the EDPQS. Includes Exercise G and Table 1.
- **Step 4: Promoting quality standards** – helps to plan follow-up activities that will ensure uptake of the standards by end-users. Includes an evidence review of dissemination strategies, distinguishes 'dissemination' and 'implementation' and suggests evaluation indicators that can help assess the impact of activities to promote quality standards. Includes Exercises H-J.
- **Example projects** – helps to understand how EDPQS have been adapted and disseminated in practice. Describes eight example projects from across Europe, including contact details of the persons responsible for these projects.
- **Acknowledgements** – list of people who contributed to the development of this toolkit.
- **Translation and adaptation checklist** – a checklist of the most important points to consider when translating or adapting any EDPQS materials.

Throughout the toolkit, the following two symbols are used to indicate:


'Lessons learnt' from the example projects


Practical exercises

Please note: This toolkit refers to "Example Projects" throughout. Full details regarding the example projects, including links to reports and project web pages, are provided only in the Example Projects document. The examples are included to illustrate how people have gone about introducing quality standards using the EDPQS. Inclusion of the projects should not be interpreted as official endorsement or promotion of the projects by the Prevention Standards Partnership. More examples of projects that have used the EDPQS to promote quality in prevention can be found on **www.prevention-standards.eu**

This toolkit may be used, in whole or in part, to guide the development/revision of quality standards and other quality assurance tools. Endorsement by the Prevention Standards Partnership of such derived products may not be stated or implied by toolkit users unless explicitly agreed with the Partnership.

Feel free to share your own experiences of using the EDPQS by contacting the European Prevention Standards Partnership at **http://prevention-standards.eu/contact/**

Contents

Step 3: Undertaking the adaptation

Top tips for undertaking the adaptation

- If translating materials, collaborate with a translator who has relevant topic expertise (if possible). **Check if the correct prevention terminology is used** and provide feedback early on.
- **Actively involve target audiences (e.g. programme managers, front-line practitioners) in the process as partners**. Consider them as experts who know the practical field conditions. Make sure that the standards are useful to them, and that the purpose and contents of the standards are well understood. Develop the standards as **a shared tool**, not a bureaucratic instrument.

The following sections describe different elements and activities that form part of the actual adaptation, namely: working group; reference group; changes; testing; and publication. These sections have been written primarily with language adaptations (translations) and formal content adaptations in mind, but will also be valuable for those interested in flexible content adaptations (for a description of the different adaptation types, refer to Step 1).

If you are only interested in disseminating the EDPQS without adapting them (e.g. if a translation of the EDPQS is already available in your language), then the sections on the working and reference groups will be useful to you, but you will be able to skip the later sections of this step. In this case, please think 'dissemination' whenever we've written 'adaptation'.

Importantly, **not all elements and activities will be relevant to all adaptations**. Table 1 illustrates this with reference to the Example Projects.

Type of adaptation	Example Project	Working group	Reference group	Translation	Changes	Testing	Publication
Language adaptation	1: Poland	✓		✓	✓		✓
	2: Hungary	✓		✓	✓		✓
	3: Croatia	✓		✓	✓		✓
Formal content adaptation	4: Sweden	✓	✓	✓	(✓)	(✓)	(✓)
	5: NEWIP	✓	✓		✓	✓	✓
	6: EQUS	✓	✓		✓	✓	✓
Flexible content adaptation	7: Belgium	✓	✓	✓	(✓)	(✓)	(✓)
	8: UK	✓	✓		✓	✓	✓

Table 1: Overview of the adaptation process followed by the example projects.
The symbol "(✓)" indicates ongoing or planned activities that were not yet completed at the time of preparing this toolkit.

- All example adaptations were undertaken by a *working group* involving at least two people, often from different organisations (i.e. no project was conducted only by a single person). Language adaptations (e.g. translations of the EDPQS Manual) did not involve a *reference group*, but formal and flexible content adaptations did (although note the experience of the Croatian and the Swedish projects, reported in the section on translation below). *Translation* was not required in international projects (NEWIP, EQUS) or in the UK. *Changes* were made (or planned) in all projects, although the extent of changes differed. Formal and flexible content adaptations *tested* draft materials (or were planning to do so), whereas language adaptations did not (we will return to the need for *testing* later on). *Publication* was a necessary part of all projects. However, not all projects resulted in a formal, printed publication, but some offered their materials as electronic files available from the Internet. In summary, no project made major changes without consulting external stakeholders and testing draft materials.

The sections are presented in roughly chronological order (i.e. how you might follow them in your project). However, the working group will be engaged in the process throughout and not only at the beginning. Moreover, adaptation is **likely to be an iterative process**, whereby the reference group is consulted several times, translations are revisited, additional changes are made after testing draft materials, and so on. Therefore, the order of sections should not be seen as a strictly linear sequence.

3.1. The working group

The working group consists of those people actually undertaking the adaptation. This will include the project initiator (i.e. the EDPQS champion) and a number of colleagues working in the same organisation and/or partner organisations.

- In the *Example Projects*, usually two to three organisations collaborated with each other (nine in the case of NEWIP; *Example 5*). In most projects, the working group was multisectoral with representatives from government and academia. In four cases, the adaptation was led by people working for a government organisation (a central drugs agency at local or national level), in two cases by practitioners, and in two cases by academic researchers. There was usually a core group of 2-3 people working on the adaptation, although the overall working group could comprise as many as 13 individuals (NEWIP).

- In Poland (*Example 1*), the adaptation was led by the Reitox National Focal Point at the National Bureau for Drug Prevention. Although translation of the EDPQS Manual was sub-contracted to a professional translator, it was a collaborative process, and so the translator could be considered part of the working group. The translation was edited in collaboration with the editor-in-chief of "Remedium" (a drug prevention magazine), and the terminology was consulted with specialists at the Institute of Psychiatry and Neurology.

The members of the working group are responsible for undertaking the adaptation, and the working group will meet regularly to plan and coordinate adaptation activities, review and discuss progress, and so on. **Roles and tasks** should be clearly allocated within the working group. If translating the standards, we recommend viewing the translator as a member of the working group, even if he or she does not participate in all aspects of the project. As for any project, good leadership is key and if you are reading these documents, then you may be the natural choice for this role.

To be successful in promoting the quality standards, members of the working group will have to **become EDPQS champions** (although this should not be a pre-requisite; see Box on 'Respecting critical voices' below). Therefore, they should ideally meet the essential criteria for being an EDPQS champion (i.e. they should be highly motivated, believe in the value of the EDPQS, and be familiar with evidence-based working; see Exercise A in Step 1). If you consider the second part of the list in Exercise A, where possible try to ensure that all the criteria are met across the working group (e.g. ideally, there would be at least one person in your group who is already well-known and respected among potential stakeholders and target audiences).

- Convincing working group members of the EDPQS' value was a challenge in the NEWIP project (*Example 5*). All members in the working group were practitioners. Seeing the "big book" (the

Manual) and hearing the term "quality standards" made many of them feel apprehensive. The project leads overcame this by discussing the contents of the EDPQS in the group. They explored the different standard components one at a time, asking questions such as "what do you think about this item, is it relevant?"; "did you take this step during your own implementation?"; "what would you change?" and so on. As a consequence, working group members realised that the EDPQS were actually very relevant and addressed the topics of interest to the group. The project lead also had to clarify that standards are not rigid, but can be applied flexibly to account for projects' particular circumstances.

In its first meetings, the working group will discuss the topics and questions from Steps 1 and 2 of this toolkit. It may be necessary that you revise your ideas for the adaptation following the discussions in the working group.

3.2. The reference group

The reference group consists of external stakeholders who contribute guidance, feedback or other support to the adaptation process, but do not undertake the work itself. Examples include[1]:

- Representatives of target audiences for the standards (e.g. practitioners)
- Members of the prevention community more generally who can share their knowledge of practical conditions for prevention 'on the ground'
- Ultimate target populations (e.g. young people, service users)
- Potential EDPQS champions
- Representatives of influential organisations who can assist with promoting the standards (e.g. government agencies, major civil society organisations)
- Funders (governmental, charities, etc.)
- Members of the Prevention Standards Partnership or other people who have previous experience of working with the EDPQS

With a view to obtaining a variety of perspectives, it is preferable if stakeholders **represent different backgrounds** (e.g. policy, practice, and academia; different geographies). Depending on the particular circumstances of your adaptation, some stakeholders could be involved more closely in the project as members of the working group (see previous section) rather than the reference group.

Members of the reference group can **contribute to the adaptation process at different times and in different ways**; for example in the following situations (not all of these are relevant to all adaptation types):

- Deciding on adaptation methodologies and approaches
- Assessing target audience needs and perspectives regarding good practice guidance
- Obtaining necessary resources for the adaptation (e.g. financial, access to professional networks)
- Discussing appropriate translation, including choice of equivalent terms, concepts, etc.
- Exploring the relevance, usefulness, and feasibility of EDPQS in the given context, as well as required adaptations
- Obtaining feedback on draft materials
- Increasing the readiness of the prevention community for quality standards
- Identifying the most appropriate strategies to promote the standards
- Promoting the adapted standards once they have been finalised

This means that not all members of the reference group will necessarily be involved in the same way or at the same time. Instead, the nature of their involvement will depend on why you have identified them as important stakeholders, as well as on the available resources of the stakeholder (i.e., how much time they can invest in helping you).

The *Example Projects* illustrate the diverse means through which stakeholders can be involved:

- In Sweden (*Example 4*), different stakeholders were involved at different stages. At the beginning, local prevention coordinators and practitioners were invited to form an informal working group to discuss the EDPQS, in particular their usefulness and accurate translation into Swedish. Later on, a national reference group was formed, involving prevention coordinators from different regions of Sweden. Members of the reference group reviewed different sections of the EDPQS with regard to their applicability to the Swedish context; and the group members met several times to share their findings. The Prevention Standards Partnership also took part in a number of meetings, presenting the EDPQS and discussing their meaning with the group.

- In the EQUS project (*Example 6*), stakeholders were involved only once for the prevention strand. The project leads organised a conference exploring various issues relating to the development and promotion of quality standards. As part of the conference, a workshop was held to present and discuss the draft EQUS prevention standards. The workshop was open to all conference participants, and was therefore attended by invited individuals as well as others who signed up for the workshop out of interest. Following the conference, workshop attendees were also able to submit additional comments by email. The feedback was used to revise and finalise the EQUS prevention standards.

- The COMIQS.BE project in Belgium (*Example 7*) started with an inception meeting. Experts (including members of the Prevention Standards Partnership) were invited to present previous work on quality standards, and to provide feedback on the planned methodology for the COMIQS.BE adaptation. The project leads also conducted an online survey with different stakeholders (including policy makers, researchers, practitioners and ultimate target populations). Survey respondents were asked to rate existing quality standards on five dimensions. The online survey was followed-up with two rounds of focus groups to discuss the findings of the online survey and to explore how standards can be put into practice and made more concrete. The methodology was similar to the original EDPQS methodology (Brotherhood & Sumnall 2010). The project leads also involved professional associations (umbrella organisations of service providers) in this process, to help establish contacts with potential participants for the online survey and focus groups.

- For the Mentor ADEPIS standards in England, UK (*Example 8*), an online survey with 288 primary and secondary school teachers was conducted, as well as follow-up telephone interviews with 20 teachers, to explore how best practice guidance was chosen and used, what support was currently available, and the perceived gaps. In addition, an advisory group of prevention experts provided strategic support to the project. They advised on the structure of the standards, the language used, and the overall contents (e.g. choice of topics).

If members of the reference group are not yet familiar with the EDPQS, the first meeting should focus on introducing the standards and the benefits that the EDPQS could have for your professional context. In our experience, people often oppose the EDPQS because they are not familiar with the concept of quality standards, leading to a number of misconceptions[2]. For example, practitioners may worry that they will lose their funding if they do not meet all quality standards, or that smaller organisations will suffer disadvantages as they may be less able to fulfil the standards compared with larger organisations. The EDPQS may also be misunderstood as aiming for standardisation of practice (i.e. that everybody will have to conduct the same activities regardless of target population needs or other local circumstances). If this is the case with your audiences, it will be important to explain how the standards should or shouldn't be used (e.g. referring to the guidance on the Manual or the EDPQS Questions and Answers document).

Stakeholders frequently offer their time to the adaptation on an unpaid basis. The main incentive is then that the stakeholders will be able to make use of the standards once they have been published (see also Step 4). If they agree, it is also good practice to acknowledge stakeholders' contributions in any publications.

Respecting 'critical' voices

Supportive voices are not only important sources of motivation, but will also make useful suggestions about how to improve and promote the quality standards. Yet members of the reference group do not all have to be EDPQS champions or meet the criteria mentioned in Exercise A (Step 1). A lot can be learnt from sceptical and critical voices, as they will probably give you a good insight into the likely reaction of many in your target audience to the standards. **Listen to what your critics say**, and consider carefully how to respond to their concerns. You may need to revise your initial ideas or assumptions. Be cautious, however, not to give too much weight to singular opinions, especially when they are not shared by others in the reference group or if they are in conflict with your overall project aims. Critical voices can also be a challenge in group settings if they dominate the conversation and reduce the group's willingness to engage with the EDPQS. In such cases, it is recommended to obtain this type of feedback separately from the group (e.g. in a one-on-one interview).

Exercise G: Planning the involvement of your reference group

To apply this section to your own project, consider the following questions:

- Who are the key organisations in your professional context that should be involved in the adaptation process?
- What are their own interests, agendas and possible resistances?
- How and when will stakeholders be involved? At what point will you require external input?
- What will be the purpose of their involvement? What kind of contributions are you interested in?
- How will you utilise any feedback received?

Use the box below to note your answers.

3.3. Translation

This section is relevant if you intend to translate EDPQS materials (e.g. EMCDDA Manual or Quick Guide, Toolkits) from English into another language. Translation is encouraged, as availability of standards in the target audience's own language makes them more accessible – both in term of overcoming practical language barriers, as well as improving target audiences' perceptions concerning their relevance to local circumstances.

When translating official EMCDDA materials, please **contact the EMCDDA to obtain permission**, and inform the Prevention Standards Partnership (**http://prevention-standards.eu/contact/**). It is also important that you **adhere to the translation guidelines of the EMCDDA** (see box at the end of this section).

We wish to highlight a few observations in addition to the EMCDDA translation guidelines. The most important observation is that in order to obtain a high quality translation, **it is not sufficient to simply commission a professional translator**; as the following two examples show.

- Initially, the EDPQS working group in Sweden (*Example 5*) had intended only to provide a translation of the EMCDDA Manual in Swedish. They did not know any drugs-specific translator, and so sent the Manual to a regular professional company for translation. Once received, the translation was deemed not suitable for dissemination among the Swedish prevention workforce as it was too literal. In terms of the linguistic style, what had worked well in English did not 'sound right' in the Swedish version. More importantly, prevention concepts had been translated in a way that would not be easily understood by the target audiences. For example, some English terms have no Swedish equivalent, and the literal translation had produced confusing phrases. The group therefore commenced a formal process of adaptation, during which the entire translation was revised step-by-step, starting from the glossary. For example, unlike in English, in Swedish there is no distinction between "aims", "goals", and "objectives" – colleagues therefore decided to use the phrases "long-term aims", "medium-term aims" and "short-term aims" to convey the intended meaning of the EDPQS. To ensure that the translation would be acceptable in the field, the working group involved academics, practitioners, and other representatives of the intended target audiences in the revision.

- In Croatia (*Example 3*), translation of the Quick Guide was arranged and funded by the EMCDDA. The text was translated by a professional translator, and then sent to the Government Office for Combating Drug Abuse for proof-reading. The person responsible reviewed the text and provided suggestions for how to improve it. This was part of the regular work activities (i.e. no additional funding received) and therefore it was only possible to allocate a day to the task. After its publication, EDPQS champions in Croatia used the translated Quick Guide for training purposes. Through active use of the material and feedback from training participants, they obtained a better understanding of how the standards should be translated to ensure they are well understood. An updating of the translation was being considered at the time of preparing this toolkit.

These examples highlight the potential challenges of translating educational material such as the EDPQS Manual. The Swedish colleagues were able to secure additional funding to revise the translation. However, there have been instances in other countries where the translation remained an unpublished 'work in progress' because the resources for a comprehensive revision were not available.

Examples from Poland and Hungary show how a higher quality translation can be achieved from the start.

- In Poland (*Example 1*), the translation of the EMCDDA Manual was undertaken by a professional translator with an expertise in drugs-related materials, due to having collaborated with the National Bureau for Drug Prevention already for several years. The translator was therefore familiar with the appropriate terminology in English and Polish. Nevertheless, the translation was undertaken as a collaborative effort between the translator and prevention experts. The text was translated in several stages. Initially, only a few sections (i.e. not the entire Manual) were translated and returned to a prevention expert for review and comment. The feedback was used to revise what had already been translated and to inform the translation of the next sections,

which were then again returned for feedback, and so on. The translator also contacted the prevention experts, and in some cases the original authors of the EDPQS Manual, to clarify terms and the intended meaning of the standards. During translation, the terminology was also discussed with colleagues at the Institute of Psychiatry and Neurology. Translation and editing were therefore integrated, rather than treated as separate activities. This meant that when the translator finished the task, there was no need for in-depth revision. The translation was completed within six months.

★ In Hungary (*Example 2*), colleagues knew about the challenges of translating specialised materials. As they felt that revising a translation could be more work than undertaking the translation from scratch, they decided to translate the materials themselves. A working group of prevention experts was formed and the translation undertaken as a team effort, in collaboration with the Hungarian Reitox National Focal Point (HNFP). Two researchers (who were also members of the Prevention Standards Partnership) translated the EMCDDA Manual, and the translation was proof-read and edited at the HNFP. The HNFP also provided the funding to reimburse the researchers for the time spent on the translation. The translation was completed within eight months.

The examples above highlight the crucial role of drug-related expertise in informing the translation. The following **lessons learnt** can be highlighted:

- If possible, use a translator with experience of translating drug-related materials
- Allow enough time for translation and revision
- Do not leave the editing task until after the translation is completed, but integrate translation and editing
- Involve prevention experts on a continuous basis to review and improve the translation
- Involve a number of prevention experts, preferably from different backgrounds and including target audience representatives, to ensure that the resulting translation will be widely understood and accepted
- Consider both the linguistic style (e.g. cultural specificities in how to address the reader) as well as the accuracy of technical terminology
- Ensure that the standards and accompanying text are understood as intended, acknowledging that a literal translation may not be the best way to achieve that[3]
- Ensure that terms and concepts used match those that are used by target audiences (speaking the same professional language)
- Use the glossary at the back of the EMCDDA Manual as a starting point to agree on key terminology, but remember that the meaning of the terms only becomes clear from the standards themselves (i.e. consider the terms in the context of the standards, not only within the glossary)
- Where equivalent terms are not available, it may be better to use phrases and descriptions instead of inventing new terms
- Test the translation with people not involved in the translation process

EMCDDA Translation guidelines

The following text was taken from **www.emcdda.europa.eu/publications/translating** *in March 2015 and is included here for your convenience. Please check the EMCDDA's website for the most up-to-date version before starting your translation.*

Most of the EMCDDA publications are published in English. However, in order to spread the publications to a wider audience both inside and outside the European Union, the EMCDDA encourages translations. The following guidelines have been prepared to help partners when they prepare to translate and publish the full text of EMCDDA publications in their own language(s).

1 Translation requests shall always be sent to the EMCDDA by email (**languages@emcdda.europa.eu**) for approval 2 weeks (10 working days) before the translation work starts.

2 The organisation producing the translated version is fully responsible for its quality and for ensuring that it accurately reproduces the content of the original.

3 The organisation producing the translated version owns the copyright to the translated version, but does not have the right to grant further translation, copyright or reproduction rights to a third party.

4 No additional text shall be inserted in or appended to the translated version. The exception could be an introduction to the translated version for the national audience concerned, if appropriate.

5 Since the translated version is not an official EMCDDA publication and the product has not undergone EMCDDA quality controls, copying the design of the EMCDDA product would be misleading. Partners are therefore asked to present the product in accordance with their organisation's own graphic identity, adding their own 'legal notice' text (if required) and identifiers.

6 The translated publication must include the following wording after the copyright in the language of the translation:

First published in English as [original title]
by the European Monitoring Centre for Drugs and Drug Addiction
© European Monitoring Centre for Drugs and Drug Addiction, [original publication year]
Translation into XX made by XX [name of the language, then the company or person who made the translation] and verified by XX [name of the organisation in the country who checked the translation for accuracy].

7 The EMCDDA logo in the language of the translation, if available, should be placed alongside the publication details stated above. For non-EU languages, a logo in English should be used. The EMCDDA will supply the translating organisation with the logo files.

8 The EMCDDA must receive a copy of the final layout before publishing in order to approve the cover art work of the translated version.

9 Immediately after the launch of the translated version, the EMCDDA must receive its final PDF along with any relevant links to upload on the EMCDDA's website.

10 Anyone wanting to produce a shorter version or an abstract of any EMCDDA publication should place an appropriate request to **languages@emcdda.europa.eu**

11 For any practical questions/queries do not hesitate to contact directly: Marie-Christine Ashby (**Marie-Christine.Ashby@emcdda.europa.eu**, Tel. 351 211 21 02 93) or Kasia Natoniewska (**Katarzyna.Natoniewska@emcdda.europa.eu**, Tel. 351 211 21 02 96)

3.4. Making changes

The crucial point in the adaptation process is when the standards are modified to make them more relevant for the new target audience, context or purpose. Minor modifications will occur even when translating the standards from one language to another, as a completely literal translation is not likely to be well accepted and understood by target audiences. Changes must not be made without good justification. Adaptation of the EDPQS requires a **careful balance between fidelity and adaptation** to ensure that the meaning and core messages of the EDPQS are preserved, whilst increasing acceptability of the EDPQS to intended target audiences.

★ In the accompanying document, *Example Projects*, you will learn more about the changes made by existing EDPQS champions, and their reasons for doing so.

Learning from the adaptation of preventive interventions: 'surface' vs. 'deep' structure; 'drift' vs. 'innovation'

In accordance with adaptation theory, changes can be distinguished according to whether they target the 'surface structure' or the 'deep structure' of an intervention. Drawing upon work by Resnicow and colleagues (2000), Ferrer-Wreder and colleagues (2012: 155) describe the surface structure of a prevention intervention as referring to "aspects of the intervention's fit, acceptance, or face validity with intervention participants". The deep structure of an intervention refers to the core elements that, according to the programme theory, should bring about the desired change in outcomes (Ferrer-Wreder et al. 2012: 151). In short, "Surface structure establishes feasibility, whereas deep structure determines program impact" (Resnicow et al. 2000: 274, cited in Ferrer-Wreder et al. 2012: 154).

It is typically recommended that adaptation of interventions should focus on their surface structure, while changing the deep structure should be avoided unless there are well-justified a priori reasons for doing so[4]. Yet often it is unclear what the core elements of a particular intervention are (UNODC 2009: 27; Burkhart 2013: 3). It is generally agreed that 'surface structure' changes would address "language translation, ethnically and racially correct pictures, culturally appropriate welcomes, blessings on the group, songs, stories, dances, exercises, examples and videos" (UNODC 2009: 27, Ferrer-Wreder et al. 2012, Burkhart 2013). 'Deep structure' changes could refer to, for example, changing the underlying programme theory, reducing the number or length of sessions, omitting homework, or changing key messages (UNODC 2009: 28, Burkhart 2013).

Regardless of whether we are thinking about the 'surface' or the 'deep' structure, it is also helpful to distinguish 'drift' (i.e. undesirable changes which are considered a threat to fidelity) from 'innovation' (i.e. desirable changes which actually improve the practice and should therefore be recommended in the future) (Fixsen et al. 2005: 17).

There is currently no evaluation evidence available to help distinguish 'surface' and 'deep' structure within the EDPQS (and consequently, to identify which aspects of EDPQS are essential for ensuring quality in prevention). Still, the idea of 'surface' and 'deep' adaptation is useful to guide our thinking about what changes are still in line with the concept of EDPQS, and what changes are not. Based on discussions within the Prevention Standards Partnership and with EDPQS Champions, we propose the following categorisation of changes (we use the EMCDDA Manual as an example but the points made are also relevant for other EDPQS materials).

The following changes are considered **unlikely to negatively affect the meaning and core messages** of the EDPQS:

- Changing the layout (e.g. general colours, page layout) to match the corporate identity of the publishing organisation – in fact the EMCDDA translation guidelines encourage a different layout (see the previous section)

- General changes to the language, including translation from English into another language, adapting the general tone of the document to what is culturally appropriate (e.g. more/less formal tone), using appropriate/equivalent prevention terminology (as discussed in the previous section)

- Adding context-specific introductions (e.g. adding a chapter about the drug prevention situation in the target country, preface by national government)

- When translating the Manual, including glossary terms in both languages and changing the order of glossary terms to ensure alphabetical order in the new language

- Changing the order of chapters in the Manual (e.g. moving Chapters 2 and 3 after the actual standards)

- Removing the colour-coding of the standards (i.e. colours of the project stages and components)

These kinds of changes are permitted if the resulting document will be promoted as a translation of the EDPQS (i.e. language adaptation). If the order of chapters is changed, this should be noted at the beginning of the document. We strongly recommended maintaining the colour-coding of the standards as it makes the document easier to navigate for the reader and ensures a consistent presentation of the EDPQS (recognisable 'brand identity'). However, where colour-coding is not deemed feasible (e.g. due to printing costs), the same neutral colour should be used for all project stages (e.g. white text in black boxes).

The following changes **may affect the meaning and core messages** of the EDPQS:

- Adding context-specific explanations and examples (e.g. adding explanations on how the standards are applicable in the particular context, replacing the examples in the right-hand column of the standards with examples that are more familiar to target audiences, adding locally relevant references in the references section)

- Modifying the explanatory text surrounding the standards (e.g. removing or shortening Chapter 1 'Current approaches to drug prevention in Europe', Chapter 2 'Using the standards', modifying the introductions to the project stages and to the components, amending the glossary etc.)

- Altering the structure of the standards at the level of project stages, components or attributes[5] (e.g. merging standards, changing the order of standards)

- Modifying the structure of basic/expert standards (e.g. additional levels like 'very basic', moving standards from basic to expert, or vice versa if a standard is already widely implemented)

- Rephrasing standards

- Adding new standards (e.g. identified through stakeholder consultations or taken from other standards documents)

- Adapting the standards for use in a context other than drug prevention (e.g. addictions in general, other initiatives for health and social development)

- Changing the name of the standards (for example if 'drug prevention' is not considered an acceptable term to describe the activities targeted by EDPQS[6])

Changes to the structure and contents of the EDPQS should be avoided, considering that the EDPQS were developed based on an extensive review and consultation process (Brotherhood & Sumnall 2010). The EDPQS do not just reflect the views of the Prevention Standards Partnership but incorporate a wider consensus view on quality, and so cannot be changed arbitrarily. However, the changes listed above may be permitted after the following conditions have been contemplated:

1. Changes must be **well justified**, with the primary aim of increasing the relevance of the EDPQS for the chosen context. Changes will be justified, for example, if there are conceptual differences between the original and the planned standards (e.g. different target audience characteristics; as identified in Exercise B, Step 1). Changes should be kept to the necessary minimum.

2. Changes must **preserve the meaning of the standards**, and the resulting standards must still **support the overall aims and values of the EDPQS** (as outlined in the EDPQS Position Paper). To ensure that you understand the standards as intended, please read carefully through the entire Manual and the Position Paper. It is important to recognise that some changes will represent significant deviations from the original EDPQS and would be considered unacceptable. For example, removing entire topics like evaluation would only be acceptable if you are developing standards for a specific topic (e.g. needs assessment).

3. Changes should reflect a **group consensus** (working group as minimum, preferably reference group). However, caution should be exercised if you intend to lower the quality threshold of the standards based on stakeholder consultations; it may be more appropriate in the longer term to increase the target audience's readiness rather than to modify the standards (see also Step 2).

4. Changes must be **clearly marked and/or documented** (e.g. in the introduction or a methodological appendix). If altering the structure of the EDPQS, you should indicate how the adapted standards correspond to the original EDPQS (for an example, see Appendix 7.1 in the EQUS project report, *Example 6*). The reasons for making modifications should be explained.

If these **criteria are met**, and after review by the Prevention Standards Partnership, the resulting document can be promoted as a **formal content adaptation of the EDPQS**.

If the criteria described above are not met, the resulting document **cannot be promoted as a formal adaptation of the EDPQS** (in line with the adaptation types described in Step 1, it would be a flexible content adaptation). The EDPQS must still be **acknowledged** as a source material, and the document should describe how the EDPQS were used in its development.

Thus, the kind of changes permissible depend on the type of adaptation, and have implications for how the resulting standards should be described (see also the section on publishing, below). If you are in doubt about what changes are permissible, we recommend contacting the Prevention Standards Partnership for clarification.

Regardless of the changes made, readers should be able to easily discern **which parts of the document correspond to the original EDPQS and which parts represent modified/new contents**. For example, quotation marks can be used to distinguish original from new contents (for an example, see NEWIP, *Example 5*).

3.5. Testing draft materials

When adapting existing prevention activities, it is usually recommended that the adapted intervention is tested in a small-scale pilot study regarding its acceptability, feasibility and its effectiveness prior to full-scale implementation (e.g. Ferrer-Wreder et al. 2012). With regard to the EDPQS, we also recommend conducting a small test before the materials are finalised and officially published.

Piloting vs. checking draft materials

Ideally, a pilot study in the context of quality standards development will mean giving the draft material to target audience representatives and asking them to try it out in practice and work with it for a while before giving feedback. However, due to resource limitations, this may not always be feasible. In such cases, it is acceptable to ask relevant stakeholders to check the draft materials and provide feedback from a hypothetical point of view. Testing may also mean 'one more round of feedback' before the materials are finalised, as the example below shows.

★ In the COMIQS.BE project (*Example 7*), a second round of focus groups was conducted to further discuss the standards which participants in the first round had disagreed about. Some standards were also reviewed to become more applicable to specific settings and situations. The comments received were used to finalise the standards.

As a minimum, the test phase should seek to **answer questions about the acceptability** of the document. It can also be used to collect information relevant to later dissemination. Example questions include:

- Is the document clear and easy to understand?
- Are the standards understood as intended? Is the translation adequate?
- Is the document user-friendly (e.g. structure, length)?
- Are the standards presented in an attractive format?
- Will you use this document? If not, why not?
- What would be the best way to promote this document?
- What could be barriers and opportunities to the dissemination of this document and its contents?

This test phase offers also the opportunity to present your draft product to the stakeholders who helped during the earlier stages of the adaptation process, and to obtain their 'approval'. However, it is also helpful to involve representatives of the target audiences who have not yet been involved in the adaptation process, as they can provide a fresh perspective. Testing draft materials is especially important when the standards have been adapted without consultation of external stakeholders, as the examples below show.

★ In the EQUS project (*Example 6*), the EDPQS were initially adapted by the researchers in the working group without the involvement of external stakeholders. The draft list of adapted standards was presented and discussed at a stakeholder workshop, which took place during the EQUS conference on quality standards. Following the conference, workshop attendees were also able to submit comments by email. The feedback highlighted that because a lot of text had been removed as part of the adaptation, the meaning of some terms had changed or become less clear than in the original EDPQS. The feedback was used to improve the EQUS prevention standards.

★ In Croatia (*Example 3*), the Quick Guide was translated and published without the involvement of external stakeholders. Feedback received from prevention providers during training activities with the Quick Guide highlighted how the translation could be improved. In retrospect, colleagues at the Office for Combating Drug Abuse felt that testing the translation with target audience representatives would have been a useful activity. An updating of the translation was being considered at the time of preparing this toolkit.

The precise nature of **draft materials** will vary depending on the project and the aims of the test phase. For example, if you wish to obtain feedback on the 'attractiveness' of the documents, draft materials should already reflect a professional graphical design. If you wish to focus on whether the standards are understood as intended, then an unformatted, simple list of standards may be sufficient.

Different methods can be used for obtaining feedback. For example, you could send draft materials to stakeholders with the possibility to respond by email, telephone, or other Internet/electronic communication. In this case, it is important to highlight that the material is a work in progress not to be shared with third parties. A popular method is to conduct focus groups with 5-12 target audience representatives[7], as the group interaction can stimulate a more varied response and feedback is received immediately. If your material is very extensive, you can form smaller working groups which review different sections of the document. You can ask stakeholders to provide general feedback or give them specific tasks (e.g. to conduct a self-reflection using the adapted standards). A test phase may also include a pilot workshop on the EDPQS (e.g. using the training materials provided in EDPQS Toolkit 3).

Participants need to **be clear about your expectations**. This will ensure that they provide you with useful feedback which will actually inform the revision of the documents. You should explain how much work has already gone into the adaptation process and how much possibility there is for revision[8]. Carefully review all the feedback received and draw upon it to revise and finalise your materials, keeping in mind the recommendations in the previous section on making changes. If the test phase leads to substantial revisions, another round of feedback can be required. If you are unable to act upon important recommendations, it may be appropriate to contact stakeholders and to explain why you were unable to incorporate their feedback. This kind of follow-up will help to maintain their support to the project.

3.6. Publishing the outputs of your work

★ In the companion document, *Example Projects*, you can find web links to published adaptations of the EDPQS. You will notice that the outputs differed between projects. For example, colleagues in Poland (*Example 1*) and Hungary (*Example 2*) published printed versions of the translated EDPQS Manual with a new graphical design. In Croatia (*Example 3*), the translated Quick Guide was made available as an electronic document for download. The document was printed off on demand (e.g. for training purposes), rather than produced as a formal print edition. In Sweden (*Example 4*), outputs had not yet been published at the time of preparing this toolkit. However, outputs are likely to include a printed version of the Manual, an adaptation of the Quick Guide, and a range of checklists. Results from the NEWIP project (*Example 5*) were published as a suite of four sets of standards (each for a different type of night-life intervention), available electronically for download with a bespoke graphical design. The EQUS standards (*Example 6*) were published only as a list contained with the project report, available electronically for download. The Mentor ADEPIS standards (*Example 8*) comprised three sets of standards, supplemented by self-assessment forms and examples of how standards might be met in practice at 'basic', 'good' or 'outstanding' level[9].

The above examples show that there are different ways of making adapted standards available, although it is noteworthy that none of the example projects offered their adapted standards only as an online resource (i.e. there was always a file that could be downloaded and used off-line).

The type of adaptation undertaken has implications for how the adapted standards are described and promoted. In this toolkit, we have distinguished three types of adaptation: language adaptation (i.e. translation from English into another language); formal content adaptation (i.e. promotes the EDPQS directly but develops them further whilst preserving the meaning and core messages of EDPQS); and flexible content adaptation (i.e. draws upon the EDPQS in a more flexible way and promotes them only indirectly) (see Step 1). In the previous section we also outlined permitted changes and relevant criteria for each type of adaptation.

1 Language adaptation: Translation of EDPQS materials into another language

- Meets the criteria for a language adaptation as described in the section on 'Making changes'
- Can be promoted as a direct translation of the EDPQS
- Important to adhere to EMCDDA's translation and copyright guidelines (as described in the section on translation)
- As authors, list the original authors as in the English version. List the members of your working group separately as those responsible for the translation
- State that this is a translation of the English language original. Note any changes you have made (e.g. if you changed the order of chapters)
- Include the bibliographical reference for the original text *as well* as for the new translated version
- State that in case of any doubt, the original English text prevails
- If necessary, contact the Prevention Standards Partnership to obtain a high-resolution version of the EDPQS logo

2 Formal content adaptation: Developing the EDPQS further

- Meets the criteria for a formal content adaptation as described in the section on 'Making changes'
- Can be promoted as an adaptation of the EDPQS but important to clarify to what extent the Prevention Standards Partnership was involved in the adaptation process
- The introduction should describe why the adaptation was undertaken and how (e.g. whether you followed the recommendations in this toolkit)
- Any changes to original EDPQS documents are clearly marked and/or documented (e.g. in the introduction or a methodological appendix, using quotation marks if appropriate)
- Include references to the original EDPQS documents (e.g. Manual) where appropriate
- Acknowledge the contributions by members of the reference group as appropriate
- The title of the document should adequately reflect the adaptation. It is not necessary to refer to the EDPQS in the title, although mentioning them in a sub-title may be useful
- Endorsement by the Prevention Standards Partnership of derived products may not be stated or implied unless explicitly agreed with the Partnership.
- Before publishing, please send a copy of the final document to the Prevention Standards Partnership (**info@prevention-standards.eu**) for review. The Prevention Standards Partnership will confirm whether the final product should be considered a formal or a flexible content adaptation, and may also offer helpful feedback on other aspects of the document.

3 Flexible content adaptation: Using the EDPQS to inform the development of standards

- Doesn't meet the criteria for a language or formal content adaptation as described in the section on 'Making changes'
- Cannot be promoted as a formal translation or adaptation of the EDPQS but important to clarify how the EDPQS were used in the development of these standards
- Include references to the original EDPQS documents (e.g. Manual) where appropriate; EDPQS must still be acknowledged as a source document

Please **send the final document(s)** to the EMCDDA (**languages@emcdda.europa.eu**) and to the Prevention Standards Partnership (**info@prevention-standards.eu**). We may be able to include your documents on relevant online portals and to promote them officially.

★ See the Example Projects for how adaptations can be described. For example, the NEWIP standards (Example 5) include the following statement in the acknowledgements:

"The original European Drug Prevention Quality Standards (EDPQS) were developed by the Prevention Standards Partnership, led by Harry Sumnall and Angelina Brotherhood at the Centre for Public Health, Liverpool John Moores University, UK (**www.prevention-standards.eu**). The Good Practice Standards presented in this handbook were developed independently by the NEWIP project based on the EDPQS, without any involvement of the Prevention Standards Partnership."

And to describe how NEWIP added to the EDPQS:

"The NEWIP Good Practice Standards are based on the EDPQS self-reflection checklist that was developed by the Prevention Standards Partnership together with drug professionals (Brotherhood & Sumnall, 2013). […] The NEWIP Standards offer the summary of the basic standards for each component as provided in the original EDPQS checklist. They then provide component notes for the practice of each harm-reduction intervention in a nightlife setting that were developed by the NEWIP project."

If you are in doubt about any of these points, we recommend contacting the Prevention Standards Partnership for support.

Checklist: Tracking the progress of your adaptation

During the adaptation process, you can use the following checklist to monitor your progress. Remember that the check boxes to achieve Step 3 may not all be relevant to you if you are only disseminating or translating the EDPQS but not intending to adapt their contents. Have you:

☐ Set up the necessary collaborations?

☐ Made well-justified changes (if necessary), based on internal and external consultations?

☐ Tested and revised draft materials?

☐ Published the standards, acknowledging the original source and adhering to the applicable copyright guidelines?

You've completed Step 3

Bibliographic references

Brotherhood A, Sumnall HR, and the Prevention Standards Partnership (2010) *European drug prevention quality standards: Final Report to the Executive Agency for Health and Consumers* (D7). Liverpool: Centre for Public Health.

Brotherhood A, Sumnall HR (2013) *European drug prevention quality standards: a quick guide*. Ad hoc publication by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Luxembourg: Publications Office of the European Union.

Burkhart G (2013) *North American drug prevention programmes: are they feasible in European cultures and contexts?* Thematic paper, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Luxembourg: Publications Office of the European Union.

Ferrer-Wreder L, Sundell K, Mansoory S (2012) Tinkering with Perfection: Theory Development in the Intervention Cultural Adaptation Field. *Child Youth Care Forum* 41: 149–171.

Resnicow K, Soler R, Braithwaite RL, Ahluwalia JS, Butler J (2000) Cultural sensitivity in substance use prevention. *Journal of Community Psychology* 28(3): 271–290.

UNODC United Nations Office on Drugs and Crime (2009) *Guide to implementing family skills training programmes for drug abuse prevention*. New York: United Nations.

Notes

1 See also the EDPQS Theory of Change at **http://prevention-standards.eu/theory-of-change/** and the section on People in Step 2

2 See also the EDPQS Questions & Answers: **http://prevention-standards.eu/questions-and-answers**

3 For example, if the literal translation of "drug prevention" is not used in your language, use the appropriate term which refers to the same activities as those encompassed by the English term "drug prevention". If there is no equivalent term for "quality standards", then alternative terms such as "quality criteria" may be more appropriate. However, beware not to use terms such as "recommendations" or "guidelines" which have very specific meanings and uses, and do not correspond well to the aims and contents of the EDPQS.

4 It must be considered that 'surface' adaptation cannot guarantee that an intervention's effectiveness is maintained, just as 'deep' adaptation will not necessarily diminish an intervention's effectiveness. Such questions can only be explored through empirical trials. Moreover, the appropriate level of adaptation depends on whether an intervention's deep structure is likely to be universally applicable across contexts. Consequently, 'deep' adaptation may be required if the phenomena targeted by the intervention in the new context differ from those in the original context. We thank Laura Ferrer-Wreder for highlighting these points.

5 Please see the EMCDDA Manual (Brotherhood & Sumnall 2011: 36) for the distinction between 'project stages', 'components' and 'attributes' within EDPQS

6 For example, in Austria, the literal translation of "drug prevention" ("Drogenprävention") is generally not considered an acceptable contemporary term to describe the activities targeted by EDPQS. It is associated with out-dated approaches to drug prevention (e.g. moralising, scare tactics and fear arousal) rather than an orientation towards health and skills development; the more accepted and commonly used term is addiction prevention („Suchtprävention"). In undertaking the EDPQS Phase II project, the Partnership therefore did not refer to 'drug prevention' in this country, but used the culturally more appropriate term of addiction prevention instead. It was also decided to change the name of the standards in this country to European addiction prevention quality standards ("Europäische Qualitätsstandards zur Suchtprävention") to increase their acceptance among target audiences in Austria.

7 Guidance on how to conduct focus groups can be found in the academic research methods literature, and also on the Internet.

8 For example, if the document already reflects the consensus of a large reference group, then it may not be possible to undertake detailed revisions. Instead, the test phase will focus on identifying any major issues and reviewing the overall presentation of the document. If, however, the document reflects only the consensus of your own working group, you may want to obtain more detailed feedback during the test phase. The discussion may focus on the contents rather than the format.

9 The outputs of the COMIQS.BE project (Example 7) had not yet been published at the time of preparing this toolkit.

European
drug prevention
quality standards